## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 02, 2005 08:00 AN Secretary of State DOCUMENT # L94000000679 ROYAL ISLE APARTMENTS, L.C. Mailing Address Principal Place of Business C/O J HERNANDEZ 7905 EAST DRIVE MANAGEMENT OFFICE 1150 NW 72ND AVE #555 APT. #7A NO. BAY VILLAGE, FL 33141 MIAMI, FL 33126 04012005 No Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number 65-0541888 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WASERSTEIN, RICHARD 913 NORMANDY DRIVE MIAMI BEACH, FL 33141 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGRM RANCANO, NIVARDO MANE STREET ADDRESS C/O 7905 E. DRIVE MANAGEMENT OFFICE CITY-ST-ZIP NO. BAY VILLAGE, FL 33141 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U00000359613 05/04/05-80165-003 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIPLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes 1 further certify that the information inclicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

Daytime Phone #

**FILED**